

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number 09/754893	Filing Date					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1											
2	1											
3	1											
4	1											
5	1											
6	1											
7	1											
8	1											
9	1											
10	2											
11	2											
12	1											
13	1											
14	1											
15	1											
16	1											
17	1											
18	1											
19	1											
20	1											
21	1											
22	1											
23	1											
24	2											
25	1											
26	1											
27	1											
28	1											
29	1											
30	1											
31	1											
32	1											
33	1											
34	1											
35	1											
36	1											
37	1											
38	2											
39	1											
40	1											
41	1											
42	1											
43	1											
44	1											
45	1											
46												
47												
48												
49												
50												
Total Indep	9											
Total Depend	39											
Total Claims	48											

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